P. O. BOX Ku 238

Winneba

Tel: 0245333015 0242331866



## **Informed Consent**

## **Counselling / Psychotherapy/treatment Information Disclosure Statement**

Counselling rides as a relationship between a professional helper (counsellor) and someone who needs or wants help (client), and this relationship is directed towards therapy. This relationship dwells on some established rules and responsibilities for both parties (counsellor and client). As a client, you need to know your rights as well as limitations to those rights. Similarly, I have the following responsibilities towards you:

- 1. **Confidentiality** I shall hold your information confidential except in the few instances listed below:
  - a. If there is the indication of you harming another person, I will attempt to warn that person, so he/she gets protected.
  - b. If there is the indication that you are abusing or neglecting a child or the aged, or you inform me about someone else doing same, I must get the appropriate authorities involved to provide safety for that person.
  - c. If there is the imminent danger of you causing harm to yourself, I may legally break confidentiality to provide protection for you.
  - d. If the court, for some reason, compels me to release information about this professional relationship, I may have to break confidentiality.
- 2. **Record keeping**: I keep brief records of our sessions, noting the interventions and topics we address, as well as dates and times of our sessions. These notes are for professional use only, and to guide our sessions as we journey on.
- 3. **Diagnosis:** I provide some tentative diagnosis from a professional manual known as the DSM-5 to help guide the treatment I provide for you if need be.
- 4. **Other rights:** You have the right to ask questions about what happens in therapy and receive answers to these questions. I am willing to discuss how and why I use specific interventions for your mental wellness.
- 5. **Approach to Therapy** I employ the integrated approach to therapy based on the presenting concern and what works best. This approach uses the very best of the various techniques and interventions available to help clients attain wellness In any of these approaches, I journey with you.
- 6. **Risks:** Counselling could have risks in terms of evoking painful memories. Sometimes, you are asked to make certain changes or modifications in behaviour that may be scary or disruptive to current relationships. It is important to think through these risks to be sure the benefits therein are worth the changes or modifications required of you. People who take these risks mostly find it worthwhile and counselling helpful.
- 7. You are responsible for coming for your sessions on time at our schedule appointments. Sessions last between 30-45 minutes. Please inform me at least 24 hours prior if you will not be able to make any of our scheduled appointments.
- 8. I agree to undergo the mandatory 6 months of residential treatment and will abide by all the rules and regulations that binds the HARP facility.
- 9. Destruction or damage to any HARP property due to my negligence will result in a replacement of the said property at its same cost.

If you agre	e to these right	s and privileges,	please append	your signature	date and you	ur name acco	rdingly in
the spaces	provided below	v. Thank you!!!					

Signed:	Date:	Name of Client:		
HARP REP Name		Date	Signature	